

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/770,166
Filing Date	01/26/2001
First Named Inventor	Fankhauser
Art Unit	2122
Examiner Name	A. Khatri
Attorney Docket Number	QVDX-001/00US/304194-2001

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 58249

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: client's request (see attached email)

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name California Healthcare Foundation; Attn: Jonah Frohlich

Address 476 9th Street

City Oakland State CA Zip 94607

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Signature 

Name Sean R. O'Dowd Registration No. 53,403

Date March 9, 2007 Telephone No. 720/566-4035

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Bitler, Sherry

From: Linda Wackwitz [Linda.Wackwitz@quovadx.com]
Sent: Thursday, March 01, 2007 5:15 PM
To: O'Dowd, Sean
Cc: jfrohlich@chcf.org; Bitler, Sherry; Linda Wackwitz; Tom Zajac
Subject: RE: Issue> CHCF Patent Application No. 09/770,166

Sean,
Thanks for your capable assistance over the last three years with this matter. Please consider this email to be approval on behalf of Quovadx and CareScience, Inc. for you to transfer the referenced patent files.
Regards,
Linda

Linda K. Wackwitz

Executive Vice President, Chief Legal Officer and Secretary
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